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2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Australia, Chile, El Salvador, Finland, India, Ireland, Israel, Japan, Liberia,* Lithuania, Luxembourg, Pakistan, Slovenia, Spain, Suriname, Sweden, Thailand, Timor-Leste, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam: draft resolution

Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015

The General Assembly,

Recalling that the period 2001-2010 was proclaimed by the General Assembly as the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa,[1] and that combating HIV/AIDS, malaria, tuberculosis and other diseases is included in the internationally agreed development goals, including the Millennium Development Goals,

Recalling also the malaria-related goals and commitments in the outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals,[2]

Recalling further its resolution 65/273 of 18 April 2011 and all previous resolutions concerning the struggle against malaria in developing countries, particularly in Africa,

Recalling resolution 60.18, adopted by the World Health Assembly on 23 May 2007, urging a broad range of national and international actions to scale up malaria

* On behalf of the States Members of the United Nations that are members of the Group of African States.

[1] See resolution 55/284.

[2] See resolution 65/1.

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control programmes,[3] and resolution 61.18 of 24 May 2008 on monitoring the achievement of health-related Millennium Development Goals,[4]

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of all declarations and decisions on health issues, in particular those related to malaria, adopted by the Organization of African Unity and the African Union, including the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, containing the pledge to allocate at least 15 per cent of national budgets to the health sector, the Abuja call for accelerated action towards universal access to HIV and AIDS, tuberculosis and malaria services in Africa, issued by the Heads of State and Government of the African Union at the special summit of the African Union on HIV and AIDS, tuberculosis and malaria, held in Abuja from 2 to 4 May 2006, and the decision of the Assembly of the African Union at its fifteenth ordinary session, held in Kampala from 25 to 27 July 2010, to extend the Abuja call to 2015 to coincide with the Millennium Development Goals,[5]

Recognizing the leadership provided by the African Leaders Malaria Alliance and the continued commitment to help achieve the 2015 targets, and encouraging the members of the Alliance to continue to provide political leadership at the highest level in the fight against malaria in Africa,

Welcoming the selection by the Secretary-General of malaria as one of his top priorities under his second mandate and his commitment to develop new partnerships and improve existing ones and to scale up high-impact interventions aimed at significantly reducing the number of deaths from malaria,

Recognizing the linkages among efforts being made to reach the targets set at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as necessary and important for the attainment of the "Roll Back Malaria" goal[6] and the targets of the Millennium Development Goals by 2010 and 2015, respectively, and welcoming in this regard the commitment of Member States to respond to the specific needs of Africa,

Recognizing also that malaria-related ill health and deaths throughout the world can be substantially reduced with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Recognizing further that malaria control interventions have a positive impact on overall child and maternal mortality rates and could help African countries reach

[3] See World Health Organization, *Sixtieth World Health Assembly, Geneva, 14-23 May 2007, Resolutions and Decisions, Annexes* (WHASS1/2006-WHA60/2007/REC/1).

[4] See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19-24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1).

[5] See African Union, document Assembly/AU/DEC.291 (XV). Available from www.africa-union.org.

[6] See A/55/240/Add.1, annex.

Millennium Development Goals 4 and 5 of reducing child mortality and improving maternal health, respectively, by 2015,

Acknowledging the progress made in parts of Africa in reversing the high burden of malaria through political engagement and sustainable national malaria control programmes, as well as the progress being made towards achieving by 2015 the goals concerning malaria control set by the World Health Assembly and the Roll Back Malaria Partnership,

Recognizing that, despite the fact that increased global and national investments in malaria control have yielded significant results in decreasing the burden of malaria in many countries and that some countries are moving towards elimination of malaria, many countries continue to have unacceptably high burdens of malaria and in order to reach internationally agreed development goals, including the health-related Millennium Development Goals, must rapidly increase malaria prevention and control efforts, which rely heavily on medicines and insecticides whose utility is continuously threatened by the development of resistance in humans to antimalarial agents, as well as resistance of mosquitoes to insecticides,

Recognizing also the challenges relating to fake, falsely labelled, altered and counterfeit medical products and substandard medicines, as well as poor malaria microscopy services,

Expressing concern about the continued morbidity, mortality and debility attributed to malaria, and recalling that more efforts are needed if the Abuja malaria targets and the malaria and Millennium Development Goal targets for 2015 are to be reached on time,

Emphasizing the importance of strengthening health systems to effectively sustain malaria control and elimination,

Commending the efforts of the World Health Organization, the United Nations Children's Fund, the Roll Back Malaria Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other partners to fight malaria over the years,

Taking note with appreciation of the Global Malaria Action Plan developed by the Roll Back Malaria Partnership,

1. *Welcomes* the report prepared by the World Health Organization,[7] and calls for support for the implementation of the recommendations contained therein;

2. *Calls for* increased support for the implementation of international commitments and goals pertaining to the fight to eliminate malaria as stipulated in the internationally agreed development goals, including the Millennium Development Goals;

3. *Encourages* Member States, relevant organizations of the United Nations system, international institutions, non-governmental organizations, the private sector and civil society to continue to observe World Malaria Day in order to raise public awareness of and knowledge about the prevention, control and treatment of malaria as well as the importance of meeting the Millennium Development Goals, and stresses the importance of engaging local communities in this regard;

[7] A/66/169.

4. *Encourages* the Special Envoy of the Secretary-General for Malaria to continue raising issues relating to malaria in collaboration with other United Nations organizations already working on those issues in the context of the international political and development agendas, and to work with national and global leaders to help to secure the political will, partnerships and funds to drastically reduce malaria deaths by 2015 through increased access to prevention, diagnosis and treatment, especially in Africa;

5. *Welcomes* the increased funding, while recognizing the need for additional funding, for malaria interventions and for research and development of preventive, diagnostic and control tools from the international community, through funding from multilateral and bilateral sources and from the private sector, as well as by making predictable financing available through appropriate and effective aid modalities and in-country health financing mechanisms aligned with national priorities, which are key to strengthening health systems, including malaria surveillance, and promoting universal and equitable access to high-quality malaria prevention, diagnostic and treatment services, and noting in this regard that a high level of external assistance per person at risk for malaria is associated with a decrease in the incidence of the disease;

6. *Urges* the international community, United Nations agencies and private organizations and foundations, to support the implementation of the Global Malaria Action Plan, including through support for programmes and activities at the country level in order to achieve internationally agreed targets on malaria;

7. *Calls upon* the international community to continue to support the secretariat of the Roll Back Malaria Partnership and partner organizations, including the World Health Organization, the World Bank and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

8. *Urges* the international community to work in a spirit of cooperation towards effective, increased, harmonized, predictable and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans, in particular health plans and sanitation plans, including malaria control strategies and integrated management of childhood illnesses, in a sustained and equitable way that, inter alia, contributes to strengthening health system development approaches at the district level;

9. *Appeals* to the malaria partners to resolve the financial supply chain and delivery bottlenecks that are responsible for stock-outs of long-lasting insecticide-treated nets, rapid diagnostic tests and artemisinin-based combination therapies at the national level, whenever they occur, including through the strengthening of malaria programme management at the country level;

10. *Welcomes* the contribution to the mobilization of additional and predictable resources for development by voluntary innovative financing initiatives taken by groups of Member States, and in this regard notes the International Drug Purchase Facility, UNITAID, the International Finance Facility for Immunization, the advance market commitments for vaccines, the GAVI Alliance and phase one of the Affordable Medicine Facility for Malaria, and expresses support for the work of

the Leading Group on Innovative Financing for Development and its special Task Force on Innovative Financing for Health;

11. *Urges* malaria-endemic countries to work towards financial sustainability, to increase, to the extent possible, national resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

12. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system in order to achieve the targets of the Abuja Declaration to Roll Back Malaria in Africa[6] and the internationally agreed development goals, including the Millennium Development Goals, to take action, as appropriate, to effectively govern the recruitment, training and retention of skilled health personnel, and to give particular focus to the availability of skilled personnel at all levels to meet technical and operational needs as increased funding for malaria control programmes becomes available;

13. *Urges* the international community, inter alia, to support the Global Fund to Fight AIDS, Tuberculosis and Malaria to meet its financial needs and, through country-led initiatives with adequate international support, to intensify access to affordable, safe and effective antimalarial combination treatments, intermittent preventive treatment in pregnancies, adequate diagnostic facilities, long-lasting insecticide-treated mosquito nets, including, where appropriate, through the free distribution of such nets and, where appropriate, to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, including the Stockholm Convention on Persistent Organic Pollutants[8] standards and guidelines;

14. *Requests* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to assist efforts of national Governments to provide universal access to malaria control interventions to address all at-risk populations, in particular young children and pregnant women, in malaria-endemic countries, particularly in Africa, as rapidly as possible, with due regard to ensuring proper use of those interventions, including long-lasting insecticide nets, and sustainability through full community participation and implementation through the health system;

15. *Calls upon* Member States, in particular malaria-endemic countries, with the support of the international community, to establish and/or strengthen national policies and operational plans, with a view to scaling up efforts to achieve internationally agreed malaria targets for 2015, in accordance with the technical recommendations of the World Health Organization;

16. *Commends* those African countries that have implemented the recommendations of the Abuja Summit in 2000 to reduce or waive taxes and tariffs for nets and other products needed for malaria control,[6] and encourages other countries to do the same;

17. *Calls upon* United Nations agencies and their partners to continue to provide the technical support necessary to build and enhance the capacity of Member States to implement the Global Malaria Action Plan and meet the internationally agreed goals, including the Millennium Development Goals;

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[8] United Nations, *Treaty Series*, vol. 2256, No. 40214.

18. *Expresses concern* about the increase in resistant strains of malaria in several regions of the world, and calls upon Member States, with support from the World Health Organization and other partners, to implement the Global Plan for Artemisinin Resistance Containment and the Global Plan for Insecticide Resistance Management in Malarial Vectors and upon the World Health Organization to strengthen and implement surveillance systems for drug and insecticide resistance, to support Member States in the development of their national insecticide resistance management strategies and to coordinate support at the international level for countries to ensure that drug and insecticide resistance testing is fully operational in order to enhance the use of insecticides and artemisinin-based combination therapies, and stresses that the data gathered should be utilized for further research and development of safe and effective therapies;

19. *Urges* all Member States to prohibit the marketing and use of oral artemisinin-based monotherapies and to replace them with oral artemisinin-based combination therapies, as recommended by the World Health Organization, and to develop the necessary financial, legislative and regulatory mechanisms to introduce artemisinin combination therapies at affordable prices in both public and private facilities;

20. *Recognizes* the importance of the development of safe and cost-effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including into safe, effective and high-quality therapies, using rigorous standards, including by providing support to the Special Programme for Research and Training in Tropical Diseases,[9] through effective global partnerships, such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development, and through effective and timely support towards pre-qualification of new antimalarial medicines and their combinations;

21. *Calls upon* the international community, including through existing partnerships, to increase investment in and efforts towards research to optimize current tools, develop and validate new, safe and affordable malaria-related medicines, products and technologies, such as vaccines, rapid diagnostic tests, insecticides and delivery modes, to prevent and treat malaria, especially for at-risk children and pregnant women, and testing opportunities for integration in order to enhance effectiveness and delay the onset of resistance;

22. *Calls upon* malaria-endemic countries to assure favourable conditions for research institutions, including allocation of adequate resources and development of national policies and legal frameworks, where appropriate, with a view to, inter alia, informing policy formulation and strategic interventions on malaria;

23. *Reaffirms* the right to use, to the full, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement),[10] the Doha Declaration on the TRIPS

[9] A joint programme of the United Nations Children's Fund, the United Nations Development Programme, the World Bank and the World Health Organization.

[10] See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

Agreement and Public Health,[11] the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health,[12] and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provides flexibilities for the protection of public health, and in particular to promote access to medicines for all and to encourage the provision of assistance to developing countries in this regard, and calls for broad and timely acceptance of the amendment to article 31 of the Agreement, as proposed by the General Council of the World Trade Organization in its decision of 6 December 2005;[13]

24. *Calls upon* the international community to support ways to expand access to affordable, effective and safe products and treatments, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets, including through the free distribution of such nets, adequate diagnostic facilities, intermittent preventive treatment in pregnancies and artemisinin-based combination therapy for populations at risk of falciparum malaria infection in endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling up of artemisinin production and procurement, as appropriate, to meet the increased need;

25. *Recognizes* the impact of the Roll Back Malaria Partnership, and welcomes the increased level of public-private partnerships for malaria control and prevention, including the financial and in-kind contributions of private sector partners and companies operating in Africa, as well as the increased engagement of non-governmental service providers;

26. *Encourages* the producers of long-lasting insecticide-treated nets to accelerate technology transfer to developing countries, and invites the World Bank and regional development funds to consider supporting malaria-endemic countries in establishing factories to scale up production of long-lasting insecticide-treated nets;

27. *Calls upon* Member States and the international community, including malaria-endemic countries, in accordance with existing guidelines and recommendations of the World Health Organization and the requirements of the Stockholm Convention related to the use of DDT, to become fully knowledgeable about the technical policies and strategies of the World Health Organization and the provisions of the Stockholm Convention, including for indoor residual spraying, long-lasting insecticide-treated nets and case management, intermittent preventive treatment for pregnant women and monitoring of in vivo resistance studies to artemisinin-based combination therapy treatment, as well as to increase capacity for the safe, effective and judicious use of indoor residual spraying and other forms of vector control, including quality control measures, in accordance with international rules, standards and guidelines;

28. *Requests* the World Health Organization, the United Nations Children's Fund and donor agencies to provide support to those countries that choose to use

[11] World Trade Organization, document WT/MIN(01)/DEC/2. Available from http://docsonline.wto.org.

[12] See World Trade Organization, document WT/L/540 and Corr.1. Available from http://docsonline.wto.org.

[13] See World Trade Organization, document WT/L/641. Available from http://docsonline.wto.org.

DDT for indoor residual spraying so as to ensure that it is implemented in accordance with international rules, standards and guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination, in particular, of agricultural products with DDT and other insecticides used for indoor residual spraying;

29. *Encourages* the World Health Organization and its member States, with the support of the parties to the Stockholm Convention, to continue to explore possible alternatives to DDT as a vector control agent;

30. *Calls upon* malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, health, agriculture, economic development and the environment, to advance malaria control objectives;

31. *Encourages* sharing, across regions, of knowledge, experience and lessons learned with regard to the control and elimination of malaria, particularly between the Africa, Asia-Pacific and Latin America regions;

32. *Calls upon* the international community to support the strengthening of health systems, national pharmaceutical policies and national drug regulatory authorities, to monitor and fight against the trade in counterfeit and substandard antimalarial medicines and prevent their distribution and use, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage, the need for scaling up recommended interventions and the subsequent reductions in the burden of malaria;

33. *Urges* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, including through the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including, where appropriate, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, adopted at the Third High-level Forum on Aid Effectiveness, held in Accra from 2 to 4 September 2008;[14]

34. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, to report to the General Assembly at its sixty-seventh session on the implementation of the present resolution, and specifically on progress to achieve the 2015 targets of the Abuja Declaration and those of the Global Malaria Action Plan and Millennium Development Goal 6, including identifying best practices and successes and specific challenges limiting the achievement of the targets, and, taking these into account, to provide recommendations to ensure that the targets are reached by 2015.

[14] A/63/539, annex.